



Rebuild Iowa Task Force Public Health and Health Care Meeting Notes

**August 6, 2008, 9:30 am – 4:30 pm
Urbandale Public Library
3520 86th Street, Urbandale, IA**

Task Force Members Present:

Christopher Atchison, The University of Iowa Hygienic Lab, Iowa City
Douglas Beardsley, Johnson County Public Health, Iowa City
Greg Boattenhamer, Iowa Hospital Association, Des Moines
Steve Bolie, Area XIV Agency on Aging, Creston
John Dawson, Chariton Valley Planning and Development Council,
Centerville
Representative Dave Heaton, Iowa General Assembly, Mount Pleasant
Patricia Heiden, Oaknoll Retirement Residence, Iowa City
Cheryll Jones, Child Health Specialty Clinic, Ottumwa
Terry LaBelle, Child Care Provider, Altoona
Kathy Lamb, YMCA, Cedar Rapids
Linda Langston, Linn County, Cedar Rapids
Linda Larkin, Agemark Assisted Living, Fort Madison
John Lundell, The University of Iowa College of Public Health, Iowa City
Alana Poage, Louisa County Public Health, Wapello
Kristin Powers, College of Natural Health, Ankeny
Senator Amanda Ragan, Iowa General Assembly, Mason City
Julie Schilling, Lee County Health Department, Fort Madison
Anne Strellner, St. Luke's Hospital, Cedar Rapids
Sally Titus, Iowa Department of Human Services (DHS), Des Moines
Dale Todd, Project Development, Cedar Rapids
Michael Trachta, Waverly Hospital, Waverly
Sharon Treinen, Retired, Ackley
Lisa Uhlenkamp, Iowa Health Care Association, West Des Moines

Resource Group Members Present:

Janet Buls, Hawkeye Valley Area Agency on Aging, Waterloo
Tracey Dormady, ISU Extension, Urbandale
Emma Edgington, Retired, Manchester
Carrie Fitzgerald, Child and Family Policy Center, Des Moines
Tricia Hoffman-Simanek, Shuttleworth & Ingersoll, Cedar Rapids
Jennifer Montgomery, The University of Iowa, Iowa City
Mike Rosmann, AgriWellness, Inc., Harlan
Virginia Wangerine, Iowa Nurses Association, Des Moines

Speakers:

Stacey Brown, Small Business Administration (SBA), Urbandale

Bill Gardam, Iowa Department of Human Services, Des Moines
Donna Harvey, Hawkeye Valley Area Agency on Aging, Waterloo
Karen Hyatt, Iowa Department of Human Services, Des Moines
Tom Mangum, Federal Emergency Management Agency (FEMA), Urbandale
John McCalley, Iowa Department of Elder Affairs, Des Moines
Tom Newton, Iowa Department of Public Health, Des Moines
Dr. Allen Parks, Iowa Department of Human Services, Des Moines

Observers:

Kris Bell, Senate Democratic Caucus
Anthony Carroll, AARP Iowa, Des Moines
Hanna DeGroot, Iowa Association of Counties, Des Moines
Kathleen Fitzgerald, FEMA
Patty Funaro, Legislative Services Agency, Des Moines
Heidi Goodman, Iowa Medical Society, Des Moines
Jennifer Jacobs, Des Moines Register, Des Moines
Mary Jones, Iowa Department of Public Health, Des Moines
Phil Kauffman, Legislative Services Agency, Des Moines
Neil Lawhead, US Department of HHS, Administration for Children and Families, Kansas City
Sue Lerdal, Legislative Services Agency, Des Moines
Lynh Patterson, Iowa Department of Public Health, Des Moines
Kris Powers, Iowa College of Natural Health, Ankeny
Marvin Schultz, Iowa Department of Human Services, Des Moines
Russ Trimble, Senate Republican Caucus, Des Moines
Brad Trow, House Republican Caucus, Des Moines
Kate Walton, Governor's Office, Des Moines
Zeke Furlong, House Democratic Caucus, Des Moines

Staff:

Sandra Lyles, Rebuild Iowa Office, Des Moines
Jon Neiderbach, Rebuild Iowa Office, Des Moines
Laura Riordan, Rebuild Iowa Office, Des Moines
Amelia Colwell, SPPG, Des Moines
Erin Drinnin, SPPG, Des Moines
Jennifer Furler, SPPG, Des Moines

Welcome and Introductions

Chair Linda Larkin welcomed the group and thanked them for their time and interest. Larkin discussed the significant public health and health care concerns that are present during disasters and recovery. Larkin outlined the goals of the day and informed the group that the Task Force recommendations developed during this meeting will inform a report due to the Commission on August 18. Larkin stated that there may be more meetings of this Task Force, depending on next steps identified by the Commission. Larkin asked the Task Force members and Resource Group members to introduce themselves.

Charge to the Task Force and Overview

Larkin directed the group to take breaks as needed and gave instructions on lunch. She pointed out the importance of focusing on public health and health care, as other task forces are addressing other issues. She introduced Jennifer Furler, who thanked the group for their efforts and time. Furler introduced Neiderbach, Lyles, Colwell, and Drinnin as Rebuild Iowa Office staff.

She said the Task Forces are likely to meet again after the short term reporting period. Furler noted the additional FEMA and SBA speakers not included on the original agenda, and shared the importance of the added expertise from the Resource Group. Furler said this is the only Task Force directly focused on people. She said that it will be essential to identify unmet needs and gaps between Task Forces. She said the result of the meeting will be a consensus report and asked the group to have an open conversation with one another.

Presentation of Information

Impact on Health and Human Services – Sally Titus, Iowa Department of Human Services

Larkin introduced Sally Titus, Acting Director of the Iowa Department of Human Services. Titus reminded the group to be aware of the need to assure that basic needs such as food, shelter, financial stability, physical health care, and mental health care are met. DHS does that on a daily basis throughout the year, but when there is a disaster, the agency takes on additional responsibilities, such as emergency shelters. The agency also administers federal disaster food stamps. They are able to provide one-time benefits to people who are higher income and affected by the disaster; 35,000 people were able to access food stamps, partly due to a waiver DHS received because of the flooding. DHS also administers a one-time grant program that is available for people who have been affected by the floods and administers an ongoing needs program. Between the state and FEMA programs, \$100 million has been expended in the state so far. She reminded the group members of basic needs such as child care and food that have to be maintained regardless of affected offices and evacuated areas.

DHS learned some lessons from the floods of 1993 and 2008: organizations have to have a plan and need to adjust that plan as they go; there needs to be clear lines of communication and decision-making ability; and solid partnerships with public and private sector organizations, local governments, and the federal government are keys to success. Titus shared some of the challenges, including technology difficulties and food stamp cards not arriving on time. Task Force members described the leadership and hard work by DHS to bypass typical rules and regulations. Titus added that it is hard to predict the need for additional food stamps and eligibility for DHS programs as people's financial situations change. She said there is concern about a potential increase in child or older adult abuse, and about local areas' abilities to finance core mental health services with a loss of property taxes.

Titus introduced Dr. Allen Parks, Director of the Division of Mental and Health and Disabilities at DHS. Parks provided a brief overview of the division's role in disaster response related to crisis and mental health services. Although legislation passed during the 2008 session with funding for the crisis mental health system, the disasters happened before it was implemented. He said that people usually have their first encounter with the mental health system while they are in a crisis situation. Parks shared with the Task Force that the typical people who encounter mental health difficulties during a disaster are not the chronically mentally ill, as that population usually already has a support system in place and are aware of the contacts to make in a crisis situation. Parks described the incredible push and partnerships by mental health centers and local mental health providers to check in with mental health consumers and make sure needs are being met. Parks reviewed phases of response in a disaster, adding that the cycle can last for years.

Parks introduced Karen Hyatt who provided an overview of the crisis counseling program. Parks provided maps that indicate where currently active crisis counseling programs are located. Hyatt said there are eight project providers who are spearheading the crisis counseling

efforts, and over 100 outreach workers who work in collaboration with agencies in communities. There have been efforts to work with children, rural areas, older adults, and people with special needs. Hyatt said they do assessment, outreach, and referral, but not ongoing case management. The Immediate Service Program is initially for 60 days, and there were people on the ground on the second day after the disaster. DHS has applied for an additional nine months of funding to extend the work, which would end around the first anniversary of the first event.

The Department has used the Iowa Concern hotline as outreach to agricultural communities, and there are plans to conduct outreach with primary care and education providers. There is currently information about the program at school registration events. The Task Force discussed the importance of reaching out to rural health care providers to get the word out. Parks said that education, motivation, and collaboration are keys to mental health efforts. He said that a train-the-trainer program will be implemented on mental health first aid certification training, meant to reduce stigma.

Furler asked Hyatt and Parks to highlight any current gaps in meeting needs. Hyatt said that there is a gap with regard to current funding needs and long term costs for ongoing mental health services. Parks said that the nine-month federal funding will help with disaster response, but there is a need for an emergency response system in Iowa for mental health. Titus indicated that DHS is currently developing estimates for increased demand for mental health services. Parks said that the good news is that a funding stream for emergency mental health system is already in place. There was discussion about the need to fully fund the Department's request for the emergency mental health system.

There was discussion with Task Force members about the capacity of the workforce for crisis response, and Parks assured the group that it is currently sufficient. There was additional discussion about the evaluation component to current tracking data and assessing needs for the future. Hyatt added that the Department is expanding the evaluation tool to collect additional information not required by the federal government.

Impact on Services for Older Iowans – John McCalley, Iowa Department of Elder Affairs

Larkin introduced John McCalley, Director of the Iowa Department of Elder Affairs. He directed the group to a handout in the packet. McCalley thanked the group for the coordination between state agencies and reminded the group that Iowa has one of the highest populations of elderly in the country. He said that older adults tend to be on a fixed income and experience higher rates of poverty, leaving them more vulnerable to catastrophic events. Prior to the disasters, IDEA had maintained an Unmet Needs Report on behalf of older adults in Iowa. During any given month, 5,500 individuals found barriers to receiving services, due to gaps in funding and a shortage of providers in some areas. He drew the group's attention to some statistics related to FEMA applications. Initially, individuals 60 years of age and older represented a high proportion of the applicants for assistance, and now the numbers more accurately reflect Iowa's population make-up.

During the first few weeks of June, about 1,900 individuals in long term care facilities were evacuated temporarily, and most have been able to return. Nursing facilities have disaster plans in place; assisted living programs are not required to have emergency response plans in place. Thirteen kitchens that provide meals to 740 individuals had an interruption in service, most for less than one week. Aging Resources of Central Iowa sustained damage and is applying for FEMA assistance. The Area Agency on Aging in Cedar Rapids has relocated due to flooding. It is reasonable to estimate that 67,000 older adults have been impacted in some way through the disasters. The Department is looking for flexibility in the Senior Living Program to meet recovery

needs. The aging network response has been quick and pervasive, and they are a part of county and state emergency response centers.

McCalley said there is an enormous need for Home and Community Based Services for older adults, including information about these services. The Hawkeye Area Agency on Aging experienced over a 60% increase in requests for services, and the Heartland Area Agency on Aging saw a significantly larger increase in initial calls to the organization. Alerts from the Attorney General's Office have warned against financial abuse of older adults. There has been an increase in reports of dependent adult abuse and requests to Legal Aid. The Office of Substitute Decision Maker has experienced an overwhelming increase in calls. Collaboration between DHS and IDEA has been close and ongoing regarding mental health issues and older adults. IDEA has received an enormous level of support from other states and federal entities. Florida sent specialists to Iowa to help triage individuals in Cedar Rapids. FEMA is sharing information about individuals 65 and older who have applied for assistance, and contact is being made to those individuals from area agencies on aging.

The request from IDEA to the federal government will be for \$22 million for the aging network. It is expensive and long term and requires a permanent connection to funding streams. He said that transportation systems will be stretched to the limit, especially as winter months approach. Nutrition services are the front line in terms of preventive services for health care for older adults, and they have already been stressed with the rise in food costs.

McCalley introduced Donna Harvey, Executive Director of the Hawkeye Valley Area Agency on Aging, who echoed that the IDEA has been flexible regarding local areas' responsibilities. She said that co-location and caregiving has put stress on families, with the lack of affordable housing. Harvey said that volunteers have found a lack of cooperation with residents to clean out houses and have worked through these issues. Rural issues are harder to assess because of hesitancy to ask for help. There has been an increase in requests for the home-delivered meal program, with fewer resources in donations. Harvey stressed that the flexibility provided through the Senior Living Trust has been crucial to meeting needs, including a significant need for shoes in the Parkersburg area. She said that the appeals process is overwhelming to older people. Harvey also addressed several additional issues, including lack of digital TV conversion, and this is the only way many people are connected. Food safety education has been important.

The Task Force discussed special needs sheltering, and McCalley recommended that the state accommodate this need by building this into the disaster response infrastructure. Additional discussion centered around how decisions will be made about rebuilding when a facility is located in a floodplain. This will be part of discussions with FEMA assistance as people seek to rebuild. Task Force members expressed concern about meeting people's health care needs, and it was suggested that the Legislature provide for expanded sites for the IowaCare program during disasters.

Overview of the Individual Assistance Program – Bill Gardam, Iowa Department of Human Services

Gardam reviewed the responsibility of DHS with shelters, and the recent agreement and process with Red Cross, including transition to full DHS responsibility when the Red Cross removed itself from that role. Gardam detailed the multiple partnerships that are being utilized with the Department of Public Health, the Department of Elder Affairs, Homeland Security and Emergency Management, Administration on Children and Families, and FEMA to coordinate all response, including shelter care. Local resources were key in making an effective transition from Red Cross to a local provider with DHS responsibility.

Gardam outlined the state and federal individual assistance programs. DHS operates the Iowa Individual Assistance Grant program. For that program, when there is a Governor's Disaster Declaration, individuals at or below 130 percent of the federal poverty level are eligible to receive grants up to a maximum amount of \$3,318. When Presidential Disaster Declarations occur, then the federal Individual Assistance Program is available. For that program, individuals can receive up to \$28,800. So far, approximately 165 grant applications for the state program have been received and checks are in the mail for those applications.

The federal Individual Assistance Program funds housing and other needs. As of August 5, 1,053 grants of \$28,800 have been issued. Gardam described the process used for assessment of housing and other needs. For housing requests, 28,713 assessments have been completed, resulting in total funding of \$104.4 million in housing assistance. For other needs, 7,000 assessments have been completed (of approximately 18,000 requests) and approximately \$13 million distributed. Gardam described that there is a delay in processing other needs requests, because housing assessments take priority. DHS is currently processing about 300 claims daily. Gardman expressed that there has been a great partnership between FEMA and DHS.

There was discussion about child care homes needing immediate assistance with meeting regulations and not operating illegally. Gardam stated that DHS has been working to partner with groups and get certifications done quickly so that child care providers can continue to operate legally. DHS has been looking to other states, such as Mississippi, for best practices and lessons learned.

Impact on Public Health – Tom Newton, Iowa Department of Public Health

Newton addressed the Task Force by outlining the three phases of public health response in a disaster – preparedness phase, response phase, and recovery phase. Newton noted that the overall role of public health in a disaster is to promote and protect the health of Iowans through: disease prevention and control, access to health care, environmental health, community health, behavioral health, injury prevention, and resource coordination and management. Newton noted the concerns that are always evident about disease outbreaks during events such as this. Additionally, people have a lot of questions and concerns about immunizations. The Department distributed more than 38,000 tetanus shots. In response to health care needs, the Department conducted many evacuations and coordinated 22 ambulance services from 14 different communities to transport patients. They also deployed Disaster Medical Assistance Teams (DMAT) in response to special needs sheltering, and assigned over 55 medical professionals to staff those facilities. IDPH also set up a call center to answer all questions as they come in.

There are significant concerns about drinking water across the state. The Department has been working to get the word out to people and business owners about steps to take with food safety and injury prevention. Because of Iowa's involvement in the Emergency Management Assistance Compact, the state was able to get more than 27 people from Florida and North Carolina to assist with community-wide health assessments. The Department is working with substance abuse providers to identify issues.

There are more than 77 IDPH staff working at the state emergency operations center and the emergency coordination center. This is part of the incident management structure. Newton described some of the communication structures, such as the Health Alert Network (HAN), which allows the department to connect with local emergency management, public health, and health facilities to communicate about immediate issues and needs. The department operates a Mobile Health Care Facility, which can accommodate 50 beds.

Newton described the activities that are being conducted as part of the recovery phase. Vector surveillance and disease surveillance are being completed. The Department manages a lot of questions about mold, which is a significant concern in the state. IDPH is trying to get information out to people about how to identify issues in their homes, and informing providers about how to identify some of these issues. The Department is focused on public information and education about behavioral health and probable increases in substance abuse. The Department has supported special needs individuals through shelters and found alternate housing for displaced special needs individuals.

Director Newton reminded the group that staff members were redirected to disaster response from regular activities. Those other activities are not being done as thoroughly as expected, and conversations will have to take place with federal partners about not meeting some grant guidelines in a timely way because of the response. Newton also suggested the Task Force look at sheltering issues, especially for the medically needy.

There are long-term impacts, and it is important to do ongoing assessment with local public health agencies. The Task Force discussed disease and condition reporting. Hospitals are only required to report "reportable conditions," and asthma for example, is not one of those conditions (but is a condition that could be a result of mold). However, there is syndrome surveillance that reports that kind of data. Planning for children and families in a disaster was also raised as an issue for consideration. In closing, Newton indicated that the Department will need additional funding for ongoing and follow-up activities, as well as some flexibility in funding to meet the demand.

Public Assistance Program – Tom Mangum, FEMA, and Stacey Brown, SBA

Tom Mangum, FEMA, reviewed the assistance available for Private Non Profit (PNP) organizations. Currently, 141 PNPs have applied for assistance, and 70 are now eligible. Mangum detailed the requirements for eligibility, including tax exempt status, ownership of the property or lease that gives responsibility of repairs to agency, and proof of insurance. Mangum reviewed the process for eligibility reviews, which includes site visits. If the organization conducts an essential government service, it is eligible for this assistance. Currently, we are still in the emergency timeframe, so funding is 90 percent federal and 10 percent state for emergency work. Emergency work was defined in more detail by Mangum, but includes things done before, during or immediately after the disaster, and funding turnaround is fairly quick. For non-critical or non-emergency work assistance, organizations must first apply for a loan from the Small Business Administration (SBA). Long-term repair assistance takes time to review and get in place. So far, FEMA has visited 23 sites, and there will be approximately \$75 million distributed among the sites. Mangum distributed information with more detail about eligibility and services and activities covered by the PNP public assistance program.

Mangum introduced Stacey Brown from the Small Business Administration. Brown indicated that Mangum covered most of the information related to PNP public assistance and the role of the SBA. Brown noted that the SBA can now not only do physical damage loans to Private Non-Profits, but can also address economic and operations needs. SBA can provide loans to organizations in declared counties as well as contiguous counties. Most loans are at a four percent interest rate. Mangum pointed out the important partnership between SBA and FEMA, and noted that FEMA can also help with temporary relocation costs. There was discussion about the time lapse for non-critical funding; there is approximately two months between time of application and receipt of funds.

Issue Identification

Furler outlined the expectations for the afternoon to discuss and identify recovery issues, gaps, and recommendations (immediate and long term). An immediate recommendation was suggested: to waive Medicaid copayments for residents in disaster areas during and immediately after a disaster. There was discussion about the recommendation; Furler shared that it would be advantageous to prioritize recommendations, but most important is to recognize immediate and long term recommendations.

Infrastructure gaps were noted, and there was discussion about Iowa public health standards and a potential recommendation to endorse the standards. The group had a discussion about replacing buildings in an accessible way. The public health infrastructure was discussed, and the need to adequately fund public health. This would help address the fact that agencies provide public health services outside of their scope to ensure services were delivered. Furler noted that the Infrastructure Task Force is addressing physical infrastructure issues. It was suggested that state infrastructure needs would focus on technical assistance to counties. The group discussed the need to emphasize human needs.

Public health issues identified:

- Ongoing monitoring of air quality and water quality
- Disease and injury surveillance and communication, real time monitoring and coordinated review
- Monitoring increases in substance abuse, and other significant issues (such as adult and child abuse)
- Maintain communication infrastructure
- Collaboration and coordination

Mental health issues identified:

- Short and long term capacity (state and local)
 - providers and funding
- Focus on general population, not just chronically mentally ill
- Communication, education about points of entry into the system
- Collaboration and coordination
- Public education campaign to increase awareness of services available

There was discussion devoted to the mental health system and additional strain because of increasing mental health issues. Funding an emergency mental health system with crisis counseling was identified as an important issue. Additionally, disaster response team members' mental health should also be considered, and crisis counseling for first responders is not covered by FEMA. Because seeking and accessing mental health services is a significant part of the issue, there was discussion about an education campaign to inform people about their options. The Iowa Disaster Human Resource Council, convened by Homeland Security and Emergency Management, would be a helpful resource to assist with outreach. Task Force members discussed the difficulty of getting effective messaging to target populations, and identified a need for a variety of communication methods for public awareness campaigns.

Health care issues identified:

- Nutrition and meal services, and food safety
- Special needs populations: the chronically ill, older adults, people with disabilities
- Disaster plans in facilities
- Transportation infrastructure impact on health response and mobility

- Collaboration and coordination

Task Force members indicated that health care infrastructure needs should be included in discussion for 2009 priorities. Task Force members discussed the importance of transportation needs between counties for accessing health care services. It was suggested that IowaCare enrollees should be able to access any provider during times of disaster. The group emphasized the need for the health, mental health, and public health systems to collaborate.

Other basic and human needs issues identified:

- Infrastructure that supports quality of life for special needs populations, public health and health
- Case management services
- Appropriate and affordable housing
- Transportation
- Sheltering plans for people with special needs

General and cross-cutting issues identified:

- Continuity of services
- Coordination and cross training of responders
- Loss of local government revenue
- Financial support for expanded scope of services (i.e., hospitals that provide public health services and have not been funded)
 - private funding may be a solution

Gaps Identification and Prioritization

Furler defined gaps as state responsibilities that were not otherwise provided to meet needs. Director Newton reported that Iowa Department of Public Health is currently underfunded because of \$1.5 million that was spent on immunizations. The Task Force members discussed gaps in health care coverage and mental health services access. There was discussion about providing communities more decision-making authority to respond to issues. The Task Force determined a need for collaboration, not just coordination and cooperation. It was pointed out that it is important to include atypical groups for information sharing, as well, such as city and county planners. The needs of child care providers in disaster response was discussed, and it was suggested that the issue also be addressed in the education Task Force. Accessible housing for displaced individuals with disabilities is an issue. Furler asked whether there were likely to be gaps in funding and services for health care, including Medicaid. Titus stated that it is difficult at this point to project growth for Medicaid services. In terms of public health needs, the Task Force indicated a gap in funding for disease surveillance. The group talked about the need to be aware of potential increases in domestic abuse and substance abuse. There was discussion about the lack of capacity of nonprofits to take on additional debt for recovery. One suggestion was subsidizing loans or buying down interest on those loans.

The following gaps were identified:

- Funding for vaccines
- Mental health response capacity
 - Disaster related health care for those who do not qualify for federal/state programs
 - Collaboration, planning and response, operations and funding
- Temporary assistance for child care providers
- Mobility transportation
- Accessible housing for special needs populations

- Programmatic funding shortfalls
- Capacity for local government resources to meet high demands
- Inability for nonprofits to take on additional debt

Recommendations

Drinnin provided a summary of recommendations discussed thus far. There was discussion about temporarily waiving Medicaid co-pays and moving that to an issue needing further exploration. Task Force members discussed flexibility in funding streams and policy to address gaps. There are some agencies that could, with some flexibility, reallocate funding to respond to disaster needs, but some agencies are unable to reallocate because of restrictions on funding. The group discussed the role of private fundraising efforts, such as Embrace Iowa, in addressing some of the needs. There was a discussion about the ability of local areas to raise revenue through taxes or other means.

It was suggested that the Iowa Rural Health Association could coordinate with Farm Bureau and the Department of Agriculture and Land Stewardship to decrease mental health stigma.

Public health is already beginning to see increases in the number of people accessing WIC. That is an example of a specific program that would need to be monitored to assess needs for increased capacity or funding. Furler said that mental health has arisen as a need across many of the Task Forces. The importance of public education was noted. There was also discussion about the significance of noting the needs of rural areas affected, not just the areas that have been highlighted in the news.

Immediate recommendations identified:

- Education and media plan, including all affected areas
- Disease surveillance – funding and infrastructure
- Recognition of the need for health and human services private, nonprofit physical infrastructure funding support (i.e. loan interest buy-downs)
- Senior Living Trust Fund flexibility- directed to client services
- Funding for immunizations
- Funding for emergency mental health services
- Communication to points of entry on mental health and utilize unusual and alternative partners (primary care providers, public health agencies, as well as regional planners and city/county points of entry)
- Support for nutrition, food safety, and food service recovery (for identified programs and populations, including elderly and WIC programs)
- Ongoing monitoring of critical public health and health program demands (child care, substance abuse, child and dependent adult abuse)
- Implement state public health standards
- Emergency health care services during the disaster

Long term recommendations identified:

- Build local and state response capacity (i.e., behavioral health disaster plan, shelter response teams)
- Special needs sheltering
- Disaster plans in facilities (specifically, assisted living facilities)
- Local government capacity to get resources to meet high demands
- Local and state public health standards

- Accountability for state and local level partners in coordinated planning and training for disaster planning
- Building public health infrastructure (public health nurses, community mental health centers, substance abuse, mental health services)
- Support for long term planning to enhance capacity and flexibility for county, local, and state disaster planning and response
- IowaCare eligibility flexibility during disaster (may need federal approval)
- Funding and policy flexibility among state agencies for disaster response
- Adequate funding for mental health and disability services through local government ability to generate resources
- Ongoing monitoring of critical public health and health program demands (child care, substance abuse, child and dependent adult abuse)
- Ongoing monitoring of air quality and water quality and environmental standards

Also mentioned:

- State mechanism to distribute disaster funds immediately

Needing further exploration:

- Temporary waiver of Medicaid co-pay in disaster areas, subsidized by state funding

Next Steps and Process for Completing 45-Day Report

Furler asked the group to agree to the recommendations by consensus and asked them to express concerns if they had them. Task Force members agreed to the recommendations listed. Furler explained the process for the report, with a draft report emailed to the Task Force to make sure thoughts were reflected honestly. There will need to be fast turnaround for feedback within less than 48 hours. Larkin thanked the Task Force and Resource Group for their input and said there will be opportunities for clarification on the report. Larkin said that there will be opportunities for listening sessions through Speak Up Iowa in different areas of the state and at the Iowa State Fair. The Red Oak session is August 11, Fort Dodge is August 12, and the Cedar Falls session is August 19.

The group adjourned at 4:25 p.m.